

# **Baltimore City Commission on Aging and Retirement Education (CARE)**

## **Post-Event Summary Report Independent Aging Agenda Events**

**Name of Event** – Baltimore City Commission on Aging and Retirement Education  
(CARE) Public Hearing

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**Date of Event** – June 15, 2005

**Location of Event** – Sandtown-Winchester Senior Center  
**Sandtown Winchester Senior Center**  
1601 Baker Street  
Baltimore MD 21217

**Number of Persons Attending** – 87

**Sponsoring Organization** – Baltimore City Commission on Aging and Retirement  
Education (CARE)

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The following are recommendations from the Public Hearing – Independent Aging  
Agenda Event:

### **Introduction**

The Commission on Aging and Retirement Education (CARE) held a Public Hearing on  
Wednesday, June 15, 2005, at the Sandtown-Winchester Senior Center located at 1601  
Baker Street, Baltimore, MD 21217.

There were 87 people in attendance who came from the various sections of the City of  
Baltimore. Individuals from the following public and private agencies also attended:

John P. Stewart, Executive Director of CARE, Chairman  
Lisa M. Veale, Bureau Chief, Advocacy, Client and Community Services-CARE

Carol Baker, Deputy Secretary, Maryland Department of Aging  
JoAnn Cason, Baltimore City Department of Recreation and Parks  
Carolyn Sakai, Baltimore City Department of Social Services  
Carolyn Cornick, Baltimore City Department of Social Services  
Robert Murrow, Baltimore City Department of Public Works  
Officer Jerry Heid, Baltimore City Police Department  
Rosalind Howard, Mayor's Office of Employment Development

Dwight Kines, Yellow Transportation  
Sheila Goldberg, MJ Management Innovations  
Kay Brench, MJ Management Innovations/Eating Together In Baltimore Program  
Alicia Ryce, Meals on Wheels of Central Maryland  
Nikki Bass, Senior Care Centers of America  
Randy Howard – Social Security Administration  
Annette Butler, Waxter Senior Center  
Karen Wheeler, Oliver Senior Center  
Rosalee Velnovsky, John Booth Senior Center  
Rita Arrington, Allen Senior Center  
Sandy Simmons, Senior Network of North Baltimore  
Charlotte Davis, Intern, Notre Dame College

### Priority Issue #1

*Seniors in public housing should be ensured a safe environment.*

Until the passage of the Americans with Disabilities Act (ADA) legislation, seniors who lived in federal housing were assured a place to live and socialize where they could age with dignity and independence for as long as they were able. As a result of the ADA, many younger people with disabilities are moving into what were once senior apartment houses. The younger person is disabled as a result of drugs, mental illness, and HIV/AIDS. Loud music is just a minor irritant. The younger residents and their friends are introducing drugs and prostitution into the housing units. Seniors are intimidated by the younger people, and they are afraid to leave their apartments. They are even fearful within their apartments. They are victims of crimes perpetrated by the younger residents.

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### Barriers

The Americans with Disabilities Act mandates that people with disabilities are not to be discriminated against by age when it comes to renting apartments in federal housing that was once known as senior housing.

### Proposed Solution

There needs to be a change in federal law that now requires young and old people with disabilities to co-exist in federal housing. Legislation must be enacted that requires people of different ages to live in separate buildings. Seniors have the right to live in a relatively worry-free environment. At the very least, an initiative could be undertaken to “segregate” within public buildings (allowing seniors to live on separate floors or in a different part of the building) if the Act prohibits separation because of age. This has been done successfully in other public housing buildings outside of Maryland.

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### Priority Issue #2

Prescription drugs are too expensive. Even the new Medicare Part D, although a step in the right direction, does not give seniors the relief they need in paying for much needed prescriptions.

### Barriers

Co-payments and out of pocket expenses are often too expensive for seniors on fixed incomes. Seniors are still choosing between buying food and taking medicine. This is especially true for seniors with low to moderate incomes.

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### Proposed Solution

Pharmaceutical companies should be mandated by the federal government to have fixed prices for prescriptions that are needed by seniors. If American companies do not want to be regulated, then other options need to be explored, i.e. importation of drugs.

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There should be a task force to study how other countries are able to sell lower priced drugs and these methods should be replicated in the United States.

### Priority Issue #3

*Federal funding is needed to train and educate SHIP Counselors.*

The senior network, specifically Senior Health Insurance and Advocacy Program (SHIP) counselors need more education on the federal, state, and local levels to understand then explain the new Medicare Part D program to seniors. The Aging Network is being required to respond to and instruct seniors in very complicated programs and there has been no new funding to provide training. Seniors have lost benefits because of mistakes made by government agencies who have failed to send appropriate and timely information or because there was a lack of understanding by seniors due to the failure of counselors to explain the program adequately.

### Barriers

There are no additional funds coming to SUAs or AAAs to hire and/or train additional staff; however, telephone calls to Senior Information and Assistance and SHIP counselors have doubled and tripled from seniors needing to understand the new programs.

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### Proposed Solution

Increase funds to the SHIP program to enable AAAs to hire and train additional staff. CMS should make funds available to AAAs to allow for the additional outreach, education and enrollment of seniors into the new program. Seniors need one-on-one explanations and current staffing patterns make this difficult, as a result, seniors are not as informed as they need to be to make important health decisions.

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**Priority Issue #4**

*There needs to be a better system of transportation nationwide. Many seniors because of poor health or failing eyesight are forced to relinquish their drivers' licenses. For seniors who have been mobile all their lives, this is a major loss of independence. It is compounded by the problem of inadequate public transportation. Whether in rural, suburban, or urban areas of the county, public transportation is a major problem. Buses and subways are late, break down or do not run at all. Seniors are unable to get to doctors, shopping, or social activities. The transportation system in this county needs a major overhaul.*

**Barriers**

The current system is fragmented and not working. Seniors have to walk distances to bus stops. Even short walks may be insurmountable distances for frail seniors.

Mobility buses are a problem because seniors often have long waits to and from doctors' offices or health care facilities.

Social activities are no longer an option due to lack of transport. Seniors become isolated, depressed and sick.

**Proposed Solution**

To be successful, the federal government needs to be involved in developing a system that meets the needs of seniors and people with disabilities. Federal and state funds need to be utilized to make public transportation a viable option.

**Priority Issue #5**

*The number of grandparent and great grandparent caregivers caring for grand children and great grandchildren is increasing.*

Nationally 2.4 million grandparents report they are responsible for their grandchildren living with them. In Maryland 50,974 grandparents report that they are responsible for their grandparents living with them. In Baltimore City 13,707 grandparents are responsible for raising grandchildren. 56% of these grandparents are African-American; 36% are white. Thirty-four percent of these grandparents live in households without the children's parents present.

The grandparents often do not know what the procedures are for school enrollment; obtaining health insurance, or providing necessary discipline to grandchildren.

**Barriers**

There may be programs for grandparents, however, outreach is very limited and often grandparents feel that they are alone in the raising of their grandchildren.

Although Title III-E provides some funding to offer outreach and services, there is a limit of 10% of Title III-E funds that can be used for grandparents caring for grandchildren.

**Proposed Solution**

Additional funds should be targeted to grandparent Caregivers. One way to achieve this would be to eliminate the 10% limit on funds that can be spent for grandparent caregivers.